

22/09/2022

Dear Requester,

**FOI**

Thank you for your Freedom of Information request. Please note, this is a cross-site response for Bedford site and Luton site.

You asked:

1. **Which hospital Trust do you work within?**

Bedfordshire Hospitals NHS Foundation Trust

***Part 1 – Access to MRI***

1. **How many MRI scanners suitable for scanning the spine and SIJ do you have access to?**

4 or more

1. **What type of scanner do you have access to?**

1.5T

1. **Roughly how long would an outpatient wait for an MRI in your Trust?**

2-3 months

1. **Do you have regular meetings or discussions with your rheumatology colleagues?**

Fortnightly

1. **How is axial SpA MRI imaging reported in your Trust?**

Internally by a specialist MSK radiologists

***Part 2 – Use of MRI in diagnosis of axial SpA***

1. **Are you familiar with the rheumatological term axial Spondyloarthritis (axial SpA)?**

Yes

1. **Are you familiar with the BRITSpA consensus guidance on MRI for the diagnosis of axial Spondyloarthritis?**[**(BRITSpA guidance)**](https://nassteam.sharepoint.com/Shared%20Documents/Gold%20Standard%20Programme%20Management/Knowledge%20Hub/kez173.pdf)

No, ASAS guidelines used

1. **In what circumstances would you use MRI in the assessment/diagnosis of spondyloarthritis?**

We use MRI as a diagnostic test, irrespective of whether there is an abnormality on plain x-rays **(please note, from rheumatology referrals only)**

***Part 3 – MRI protocols***

1. **Please write in text below what your standard MRI protocol for the assessment of spondyloarthritis is (specifying (i) field strength, (ii) sequences, (iii) anatomical coverage and (iii) acquisition planes for each element of the protocol):**

1.5T, whole spine, T1 and STIR sagittal spine, T1 and STIR Coronal SIJ

1. **What is the approximate scan time for this protocol? If multiple scanners are used, please give an average or range.**

45 mins

1. **When assessing patients for possible early spondyloarthritis with MRI would you routinely scan?**

Sacroiliac joints and whole spine

1. **If you do not scan any of the spine in the assessment of spondyloarthritis, why not?**

N/A

1. **If you do not MRI scan the whole spine in the assessment of spondyloarthritis, why not?**

N/A

1. **If you are MRI scanning part of, or the whole spine in the assessment of spondyloarthritis would you perform?**

Other - Sagittal spine and coronal SIJs

1. **If you are MRI scanning the sacroiliac joints, would you perform?**

Semi-coronal plane acquisitions only

1. **When MRI scanning for the assessment of spondyloarthritis which sequences do you use in your protocol? Please tick all that apply.**
* Fat-suppressed, water sensitive sequence (e.g. STIR, T2w imaging with fat suppression or T2w Dixon imaging)
* Fat-sensitive sequence (T1w imaging)

1. **When MRI scanning for the assessment of spondyloarthritis do you perform gadolinium-enhanced imaging of the sacroiliac joints?**

No

1. **When MRI scanning for the assessment of spondyloarthritis do you perform gadolinium-enhanced imaging of the spine?**

No

***Part 4 – MRI lesions and definitions***

1. **Are you aware of formal recommendations regarding which imaging features should contribute to the identification of a positive MRI of the sacroiliac joints in spondyloarthritis?**

Yes - ASAS criteria

1. **What MRI SIJ spondyloarthritis features do you use to make a diagnosis of Spondyloarthritis?**
* Subchondral Bone marrow oedema / osteitis only
* Erosions
* Fat infiltration
* Sclerosis
* Joint space widening / effusion
* Enthesitis
* Capsulitis
* Fat deposition in the joint space (“backfill”)
* Synovitis
* New bone formation (areas of ankylosis)

1. **Are you aware of formal recommendations regarding which imaging features should contribute to the identification of positive MRI of the spine in spondyloarthritis?**

Yes - ASAS and OMORLAT

1. **What MRI spinal spondyloarthritis features do you use to make a diagnosis of Spondyloarthritis?**
* Vertebral corner bone marrow oedema
* Endplate oedema
* Diffuse vertebral body oedema
* Posterior element bone marrow oedema
* Spinous process bone marrow oedema
* Vertebral corner fat infiltration
* Syndesmophyte formation

This information is provided for your personal use and is the property of Bedfordshire Hospitals NHS Trust and subject to any existing Intellectual Property and Database Rights. Any commercial application or use of this information may be subject to the provisions of the Re-use of Public Sector Information Regulations 2015 (RPSI). This means that if you wish to re-use the information provided for commercial purposes for any reason you must ask the Trust for permission to do so.

Please note that the Trust has a formal internal review and complaints process which is managed by the Information Governance Manager/Data Protection Officer. Should you have any concerns with our response, you can make a formal request for an internal review. Requests *for internal review* should be submitted within three months of the date of receipt of the response to your original letter, and should be addressed to: dataprotectionofficer@ldh.nhs.uk. This option is available to you for up to three calendar months from the date your response was issued.

If you are not satisfied with the Trust review under the Freedom of Information Act 2000 you may apply directly to the Information Commissioners Officer (ICO) for a review of your appeal decision. The ICO can be contacted at: ICO, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF [www.ico.org.uk](http://www.ico.org.uk/)

Yours sincerely,

*FOI Officer*

Bedfordshire Hospitals NHS Foundation Trust